

## COLLEGE PRACTICAL EXPERIENCE

This is to certify that \_\_\_\_\_,  
a full time student at this Institution has successfully participated in the College's Practical Experience Program. All hours certified below were obtained during the THIRD professional year of the Pharmacy curriculum.

TOTAL HOURS OBTAINED: \_\_\_\_\_

DURING PERIOD: \_\_\_\_\_ THRU \_\_\_\_\_

The current structure of the Practical Experience Program at this institution requires the following minimum experience periods:

\_\_\_\_\_ HOURS in Community Pharmacy Practice

\_\_\_\_\_ HOURS in Hospital Pharmacy Practice

\_\_\_\_\_ HOURS in Clinical Pharmacy Services (e.g. medical rounding, patient chart review, drug therapy assessment, patient interview and education.)

Signature \_\_\_\_\_

Title \_\_\_\_\_

College of Pharmacy \_\_\_\_\_